

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date	1. Agency Address Department of Medical Assistance 1010 West Peachtree St. N.W. Atlanta, Georgia 30309	Application Number 78-271	
Application Number		Date Received SEP 22 1978	Date Completed NOV 28 1978
ALTERNATIVE HEALTH SERVICES PROJECT			
2. Person to Contact Mary Davis-Preston	Working Title Secretary III	Telephone Number 894-4836	
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest 7/76	Latest present	5. Records Series Title (followed by title used in office, if different) ALTERNATIVE HEALTH SERVICES SUBJECT FILE	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? Alternative Health Services is a Federally funded research project designed to demonstrate the cost and effectiveness of keeping elderly persons in their own homes and offering them services such as home-makers, day rehabilitation, or visiting nurses as an alternative to premature nursing home institutionalization. This is accomplished by evaluating and assessing information given by Medicaid recipients, who have volunteered to be research subjects, in an effort to ascertain whether offering special project services under Medicaid would be beneficial to the State of Georgia and its elderly population.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: Researching, planning, and implementing the Alternative Health Services Program Included but not limited to are: originals of Alternative Health Services Program goals; policies, eligibility procedures, directives to county Departments of Family and Children Services, Health Education and Welfare grant documentation and project guidelines, originals of forms #181-205, and related correspondence. At end of project period, a summarized report will be prepared. File is arranged: alphabetically by subject.			
8. Monthly Reference Rate How often are records referred to which are: One to six months old <u>15</u> ; Seven to twelve months old <u>10</u> ; Thirteen to twenty-four months old <u>10</u> ; twenty-five months and older _____?			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers <u>4</u> ; Shelves _____; Other (specify) <u>lateral 42" dwr</u>			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
X		c. Is this a vital record?
X		d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. To be end of project summary & annual reports included.
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
	X	j. Does the record series result in a computer printout?

11. Retention Requirements The following requires the series to be kept:

a. State Law	_____ years.	d. Audit period	_____ years.
b. Statute of limitation	_____ years.	e. Administrative need	4 _____ years.
c. Federal law	_____ years.	f. Federal retention instructions	_____ years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

12. Approved Disposition Instructions This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☒ Other See below then,

- ☐ Hold in the current files area _____ month(s) _____ year(s); then
- ☐ Transfer to local holding area, hold _____ year(s); then
- ☐ Transfer to State Records Center; hold _____ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☒ Other (Specify)

Upon completion of the Alternative Health Services Project and its summarized report (March 31, 1981), retire entire file series and summarized report to State Archives for permanent retention.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>Tap M. Conry</i>	9/18/78	<i>Paul T. Murphy</i>	9/15/78
State Records Committee (Signature) Date			
State Auditor/Designee	<i>Don K. Kunkel</i>		11-22-78
Secretary of State/Designee	<i>Carroll Hart</i>		11-17-78
Attorney General/Designee	<i>W. H. Sheel</i>		11-27-78

Recommendations in paragraph 12 are approved.
(If disapproved, attach letter of explanation.)

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